

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Ellen Feigal			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION VP of Research and Development		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9255	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		CITY San Francisco		STATE CA
								ZIP CODE 94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
04/28 4/29	8:00 17:00	Los Angeles							5.00	171	87.30		92.30	
5/2	8:00 17:00	Los Angeles							10.00	86	43.96		53.96	
5/3	8:00 21:00	Los Angeles							8.00	80	40.98		48.98	
5/4	8:00 17:00	Los Angeles							10.00	86	43.96		53.96	
5/31	8:00 17:00	Irvine							15.00	182	92.84		107.84	
6/1	8:00 17:00	San Francisco						44.00	T				44.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	44.00		48.00	605	309.04	0.00	401.04
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

401.04

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Ellen Feigal, VP of R&D:

- 1) Mileage reimbursement for attending Standards Working Group in LA principal
- 2) Mileage reimbursement for visit Dr. Kohn at UCLA with Soheli Talib who is a private investigator
- 3) Mileage reimbursement for ICOC at Luxe Hotel
- 4) Mileage reimbursement for UCLA May 4, ICOC meeting
- 5) Mileage reimbursement for Irvine Visit to Dr. Ken Berger on 5/31

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

6/9/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

6/9/11

(17) [REDACTED] (See Item 17 on reverse)

DATE